

PROJECT SUMMARY – WATER AND WASTE DISPOSAL AND OTHER UTILITY-TYPE PROJECTS

(direct) (guaranteed)		Case Number					
A. APPLICANT/BORROWER:							
Name:		Address					
Street	County	Zip Code	Congressional District				
<input type="checkbox"/> Tax-Exempt Public Body <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Other _____ <i>(Specify)</i>							
B. SERVICE TO BE PROVIDED:							
<input type="checkbox"/> Domestic Water <input type="checkbox"/> Sewage Collection <input type="checkbox"/> Sewage Treatment <input type="checkbox"/> Solid Waste Disposal <input type="checkbox"/> Storm Drainage <input type="checkbox"/> Other _____ <i>(Specify)</i>							
C. FmHA LOAN/GUARANTEED LOAN							
<input type="checkbox"/> Direct Loan		<input type="checkbox"/> Guaranteed Loan					
Interest Rate _____ % Repayment _____ Years		Interest rate _____ %					
Type interest <input type="checkbox"/> Poverty <input type="checkbox"/> Intermediate <input type="checkbox"/> Market		<input type="checkbox"/> Fixed					
Deferred Principal Payment _____ Years		<input type="checkbox"/> Variable					
Maximum Repayment Period Authorized by State Law _____ Years		<input type="checkbox"/> Percent of Guarantee _____ %					
D. SECURITY: (Check the appropriate item(s))							
<input type="checkbox"/> General Obligation Bonds—Amount \$_____		<input type="checkbox"/> Special Assessments—Amount \$_____					
<input type="checkbox"/> Revenue Bonds—Amount \$_____		<input type="checkbox"/> Notes—Amount \$_____					
<input type="checkbox"/> Statutory Lien		<input type="checkbox"/> Assignment of Income					
<input type="checkbox"/> Real Estate _____ acres _____ mortgage		<input type="checkbox"/> Other (Explain) _____					
<input type="checkbox"/> Chattel Mortgage or Financing Statement							
E. LAND AND RIGHTS:							
	Fee Simple	Lease	Purchase Price	Present Market Value			
To be acquired: (Acres)							
Now owned: (Acres)							
Describe other rights: (such as water rights or rights-of-way)							
F. DEVELOPMENT COST SUMMARY (Total Project Costs): (Identify source in columns (C), (D) & (E))							
(A) Item	(B) Applicant Contribution	Other (C) Funds	Other (D) Funds	Other (E) Funds	FmHA (F) Grants	FmHA (G) Loan	Total Project Cost (H)
1. Water	\$	\$	\$	\$	\$	\$	
2. Sewage Collection							
3. Sewage Treatment							
4. Solid Waste							
5. Storm Drainage							
6. Other							
7. TOTALS							
Source							

- G. BRIEF DESCRIPTION OF PROPOSED FACILITY AND EXISTING FACILITIES WHICH ARE TO BE USED IN CONNECTION WITH PROPOSED SYSTEM (Include estimated present market value for existing system): *(Describe)*

H. USER CONSIDERATION:

	Before Improvement (Existing Systems Only)		After Improvement (First Full Year of Operation)		After Improvement (Extensions/Additions only) (First Full Year of Operation)	
	Water	Waste	Water	Waste	Water	Waste
(A) Total Number of Users						
(1) Residential Users						
(2) Other Users (Based on Equivalent Dwelling Units) (EDU)						
(3) Total Equivalent Users (EDU) (Sum of 1 and 2)						
(4) FmHA Debt Per EDU						
(5) Total Debt Per EDU						
(B) Residential Users						
(1) Minimum Monthly User Cost						
(2) Average Monthly User Cost						
(a) User Fees						
(b) Tax Assessments						
(c) General Obligation Bonds						
(3) Average Monthly User Cost for Similar Systems						
(4) Connection Fees and Other Charges Per User						

I. REVENUE PROJECTION:

1. Basis for Annual Income Estimate:

Rate Schedule:

(A) Water—Residential size service

Minimum bill _____ for _____ gallons

Next _____ gallons for \$ _____ per _____ gallons

Next _____ gallons for \$ _____ per _____ gallons

Next _____ gallons for \$ _____ per _____ gallons

Next _____ gallons for \$ _____ per _____ gallons

Next _____ gallons for \$ _____ per _____ gallons

All over _____ gallons for \$ _____ per _____ gallons

(B) Water—Other

Minimum bill _____ for _____ gallons

Next _____ gallons for \$ _____ per _____ gallons

Next _____ gallons for \$ _____ per _____ gallons

Next _____ gallons for \$ _____ per _____ gallons

Next _____ gallons for \$ _____ per _____ gallons

Next _____ gallons for \$ _____ per _____ gallons

All over _____ gallons for \$ _____ per _____ gallons

Connection Fees or Other Charges Per User _____

Use and Income Estimate:(C) Water

_____ users @ _____ gallons @ \$ _____ per user = \$ _____ monthly

_____ users @ _____ gallons @ \$ _____ per user = \$ _____ monthly

_____ users @ _____ gallons @ \$ _____ per user = \$ _____ monthly

_____ users @ _____ gallons @ \$ _____ per user = \$ _____ monthly

_____ users @ _____ gallons @ \$ _____ per user = \$ _____ monthly

_____ users @ _____ gallons @ \$ _____ per user = \$ _____ monthly

_____ users @ _____ gallons @ \$ _____ per user = \$ _____ monthly

_____ users @ _____ gallons @ \$ _____ per user = \$ _____ monthly

_____ users @ _____ gallons @ \$ _____ per user = \$ _____ monthly

_____ users @ _____ gallons @ \$ _____ per user = \$ _____ monthly

Total = \$ _____ monthly × 12 = \$ _____ annually

2. Basis for Annual Income Estimate:Rate Schedule:(A) Waste Disposal (Explain the waste disposal rates and charges)

Minimum bill \$ _____

_____Use and Income Estimate:(B) Waste Disposal

_____ users @ \$ _____ per user = \$ _____ monthly

_____ users @ \$ _____ per user = \$ _____ monthly

_____ users @ \$ _____ per user = \$ _____ monthly

_____ users @ \$ _____ per user = \$ _____ monthly

_____ users @ \$ _____ per user = \$ _____ monthly

_____ users @ \$ _____ per user = \$ _____ monthly

Total = \$ _____ monthly × 12 = \$ _____ annually

J. CASH FLOW SUMMARY:

	After Improvements (First Full Year of Operations)		After Improvements (Extensions/Additions only) (First Full Year of Operations)	
	Water	Waste	Water	Waste
Total Annual Revenue				
(a) O&M Costs (Less Depreciation)				
(b) Capital Improvements				
(c) Debt Service				
(d) Reserve				
(e) Other				
Total Annual Costs				
Balance Available (Revenue Minus Costs)				

K. GENERAL OBLIGATION BONDING CAPACITY:

Total Capacity \$ _____ Amount Unobligated \$ _____
 Planned use of any amount unobligated _____

L. EXISTING LONG-TERM INDEBTEDNESS NOT TO BE REFINANCED:

(A) Owed to	(B) Purpose	(C) Balance Owed	(D) Amort- ization Period	(E) Date Payment Due	(F) Final Due Date	(G) Annual Payment	(H) Interest Rate	(I) Security
1.								
2.								
3.								
4.								
5.								
6.								
TOTAL								

M. FACILITY CHARACTERISTICS: (Planned Project)

1. a. Population served by project _____ c. Total possible users in the service area _____
 b. Median Household Income \$ _____ d. Statewide Nonmetropolitan
 Median Household Income _____

2. Water Supply System:

Water Source: ☐ Well ☐ Spring ☐ Stream ☐ Impoundment ☐ Purchase

Adequacy: _____

Quality: _____

If being purchased, give cost per 1,000 gallons: \$ _____

3. Type of Sewage Treatment: ☐ Stabilization Lagoon ☐ Aerated Lagoon ☐ Mechanical Plant
☐ Land Treatment ☐ Treatment by Contract ☐ Other _____
Specify

If Sewage Treatment is by Contract, Give Cost: _____

4. Method of Disposing of Solid Waste: _____

If Solid Waste Disposal is by Contract, Give Cost: _____

5. Type of Users

Number of Residential Users in the Service Area:

White, Not of Hispanic Origin	Black, Not of Hispanic Origin	American Indian or Alaskan Native	Hispanic	Asian or Pacific Islander	TOTAL

N. APPLICANT REPRESENTATIVES:President, Chairman, etc.: *(Name and Title)* _____

Address: _____ Phone No. _____

Contact Person: *(Name and Title)* _____

Address: _____ Phone No. _____

Bond Counsel: *(Name)* _____

Address: _____ Phone No. _____

Legal Counsel: *(Name)* _____

Address: _____ Phone No. _____

Architect/Engineer: *(Name)* _____

Address: _____ Phone No. _____

Financial Advisor: *(Name)* _____

Address: _____ Phone No. _____

O. LENDER (Name) (Guaranteed loans only) _____ Percent of Guarantee Requested
%

Lender's Address _____

Contact Person _____

Telephone Number _____

1. If proposed lender is not a local lender, explain how such lender will make and service the loan: _____

2. Lender's financial interests in the borrower or vice versa: *(If any conflict, explain)* _____

3. Lender's plan for funding the loan

(1) Lender retains entire loan ☐ YES ☐ NO(2) If lender plans to utilize secondary market for guaranteed portion of loan. *(indicate by check)*

Assignment _____, No. of Assignments _____ : Multi-Notes _____, No. of Notes _____ ; Participation _____

(3) Lender's plans for sale of unguaranteed portion through participation: _____

4. Has FmHA guaranteed any program loan to this lender? ☐ YES ☐ NO
If yes, comment on quality of loans previously submitted and adequacy of servicing by lender in carrying out his agreements.

5. How long has lender financed this borrower? _____

P. ENVIRONMENTAL REVIEW AND IMPACTS:

1. ☐ Form FmHA 1940-22 Completed (*Categorical exclusion*)? 3. Environmental impact statement required? ☐ Yes ☐ No
2. ☐ Form FmHA 1940-21 completed (*Class I assessment*)? If Yes
- ☐ Class II Assessment? Draft Statement Completed (*Date*) _____ ☐ Yes ☐ No
- Public notification completed? ☐ Yes ☐ No. Final Statement Completed (*Date*) _____ ☐ Yes ☐ No
4. The following resource(s) apply to the assessment:
- Floodplain _____ Wetland _____ Important Farm Land _____ Prime Rangeland _____
- Prime Forest Land _____ Archaeological Survey _____ Hazardous Waste _____
- Sole Source Aquifer _____ Costal Barrier _____ Historical Preservation _____
- Endangered/Threatened Species _____
5. The environmental assessment or impact statement resulted in the selection of alternative courses of action other than that originally requested by the applicant: ☐ Yes ☐ No
6. The environmental assessment or impact statement resulted in a mitigation measures(s) being required: ☐ Yes ☐ No
- If yes, summarize:

Q. DOES THE APPLICANT HAVE A WORKABLE PLAN FOR:

1. Collection of Delinquent Accounts: ☐ Yes ☐ No
2. Establishing Records and Maintaining Management and Audit Reports: ☐ Yes ☐ No
3. Facility Maintenance: ☐ Yes ☐ No
4. Necessary Operator Training: ☐ Yes ☐ No

R. DISTRICT DIRECTOR'S RECOMMENDATIONS:

(Date)

(District Director)

S. FmHA ARCHITECT/ENGINEER'S WRITTEN ANALYSIS AND RECOMMENDATIONS:

(Date)

(Architect/Engineer)

T. COMMUNITY OR COMMUNITY AND BUSINESS PROGRAMS CHIEF'S RECOMMENDATIONS:

(Date)

(Community or Community and Business Programs Chief)

Copies of Form FmHA 442-7, "Operating Budget", and Form FmHA 442-14, "Association Project Fund Analysis", must be attached to the Project Summary and are an integral part of the summary.

